JEFF JACKSON
ATTORNEY GENERAL

Sheriffs' Standards Division

N.C. Department of Justice

WILLIAM MITCHELL
DIRECTOR

(919) 779-8213

Personal History Statement



Note: This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant should complete this form prior to beginning his/her background investigation.

The contents of this form have been approved for use by the North Carolina Sheriffs' Education and Training Standards Commission. Its use is intended to aid in ascertaining if the applicant meets the minimum standards for certification as defined in 12 NCAC 10B .0301.

The applicant's Social Security Number is required for identification purposes. **DISCLOSURE IS VOLUNTARY.** However, failure to provide this information may result in delays of the processing of application materials and may result in inaccurate records being assigned to you.

INSTRUCTIONS: Complete this form in it's entirety. Ensure that all responses are accurate and truthful. If you require additional space, please include all attachments and indicate by "Question Number" which response is being addressed. **NOTE:** All statements or responses are subject to verification. Any inaccurate, false or misleading responses or omissions may disqualify you, the applicant, from certification by the division. Truthful statements to any question will not necessarily exclude you from consideration.

POSITION(S) APPLIED FOR

Agency _____ Date _____

Deputy ☐ Detention Officer ☐ Telecommunicator ☐

Have you previously submitted an application for employment with this agency? ☐ Yes ☐ No

If YES, approximate date _____

APPLICANT DEMOGRAPHICS

1. Name _____
(First, Middle and Last)

Maiden Name _____

Previous Names _____
(First, Middle and Last)

Nicknames or Aliases _____

NOTE: If your name was legally changed after the age of 12, please provide documentation to the division indicating when this change occurred.

2. Social Security Number _____

3. Present/Permanent Mailing Address

Street and Number _____

City _____

State _____ Zip Code _____

Contact Information

Home Phone _____

Cellular _____

Email _____

4. Date of Birth _____ Place of Birth _____
xx/xx/xxxx (City/State and Country)

5. Citizenship ☐ U.S. Born ☐ U.S. Naturalized

EDUCATION

Indicate the type of High School you attended:

☐ Traditional ☐ Distance Learning

☐ Home School ☐ Did not Attend

☐ GED ☐ Other _____

Please Specify

High School(s) Attended

Name _____ When Attended _____

City _____ Diploma Received ☐

State _____

Years Completed _____

Name _____ When Attended _____

City _____ Diploma Received ☐

State _____

Years Completed _____

University/College

Name _____ When Attended _____

City _____ Degree Earned _____

State _____ Major Field _____

Years Completed _____

Name _____ When Attended _____

City _____ Degree Earned _____

State _____ Major Field _____

Years Completed _____

Name _____ When Attended _____

City _____ Degree Earned _____

State _____ Major Field _____

Years Completed _____

RESIDENCES

12. List addresses for the **past 10 years** with **present/most current address listed first**:

From: (MM/YY)	To: (MM/YY)	Address, City, State	County	Landlord

FAMILY HISTORY

NOTE: Questions included in the next section are intended to assist in conducting your background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a justice officer

13. Marital Status

Never Married ☐ Married ☐ Divorced ☐ Engaged ☐ Separated ☐ Widowed ☐

14. Name of Spouse / Former Spouse(s) _____

_____

_____

_____

15. Do you have any children, either born to you, adopted or stepchildren? Yes ☐ No ☐

16. Are you currently supporting all of these children? Yes ☐ No ☐ N/A ☐

17. Are you related by blood or marriage to any person(s) now employed by this agency? Yes ☐ No ☐

WORK HISTORY

18. Have you ever been denied employment by a criminal justice agency after a conditional offer of employment was made? ☐ Yes ☐ No **(If Yes, list agency name and reason.)**

19. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board or Agency established to certify or license that position? (Note: List any such Commission, Board or Agency, whether in or out of North Carolina.) ☐ Yes ☐ No

If yes, was such certification or license ever suspended, revoked, or any sanctions taken against it by the issuing authority? ☐ Yes ☐ No

If such certification or license was ever suspended, revoked, and any sanctions taken against it by the issuing authority, please list the agency's name taking action against the certification or license, date of action, reason for the action, and period of time for the suspension, revocation, or sanction.

20. Have you ever been discharged or requested to resign from any position because of criminal misconduct or rules violations? ☐ Yes ☐ No **(If Yes, list employer, time-frame and reason.)**

21. List <u>all</u> jobs, positions or appointments you have held in the last ten years to include inactive, active, reserve, temporary, part-time, paid or not paid employment and internships. **Put your present or most recent job first. List a Reason for Leaving for each job.** Include military service in proper time sequence and temporary part-time jobs. If you do not have a full ten year job history, be sure to provide an explanation.

<table>
<tr><td>Employer:</td><td colspan="2">Address:</td></tr>
<tr><td>Job Title:</td><td>Supervisor’s Name:</td><td>Phone Number:</td></tr>
<tr><td>Date Employed (MM/YY):</td><td>Starting Salary:
Per:</td><td>Ending or Current Salary:
Per:</td></tr>
<tr><td>Date Separated (MM/YY):</td><td colspan="2" rowspan="3">List Major Duties in Order of Importance:</td></tr>
<tr><td>Full Time: YRS MOS</td></tr>
<tr><td>Part Time: YRS MOS
If part time, hours worked per week:</td></tr>
<tr><td colspan="3">Reason for Leaving:</td></tr>
</table>

Employer:	**Address:**	
Job Title:	**Supervisor's Name:**	**Phone Number:**
Date Employed (MM/YY):	**Starting Salary:** **Per:**	**Ending or Current Salary:** **Per:**
Date Separated (MM/YY):	**List Major Duties in Order of Importance:**	
Full Time: YRS MOS		
Part Time: YRS MOS **If part time, hours worked per week:**		
Reason for Leaving:		

Employer:	**Address:**	
Job Title:	**Supervisor's Name:**	**Phone Number:**
Date Employed (MM/YY):	**Starting Salary:** **Per:**	**Ending or Current Salary:** **Per:**
Date Separated (MM/YY):	**List Major Duties in Order of Importance:**	
Full Time: YRS MOS		
Part Time: YRS MOS **If part time, hours worked per week:**		
Reason for Leaving:		

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Part Time: YRS MOS **If part time, hours worked per week:**		
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Part Time: YRS MOS **If part time, hours worked per week:**		
Reason for Leaving:		

Employer:	**Address:**	
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Date Separated (MM/YY):	**List Major Duties in Order of Importance:**	
Full Time: YRS MOS		
Part Time: YRS MOS **If part time, hours worked per week:**		
Reason for Leaving:		

If you need more space, attach additional sheets.

Explain periods of unemployment of three months or more, if you do not have a full ten-year job history:

MILITARY SERVICE

22. Were you **ever** in the U.S. Military service or any other military organization? (Even if you served for only one day, list this service.) ☐Yes ☐No **If YES, complete #23 through #30. If NO, skip to #31.**

23. What was your service number? _____

24. What was the highest rank you held? _____

What was the last rank you held? _____

25. What was the date and location of your first enlistment and/or commission? _____

List all tours of duty where a DD214 was issued.

Branch	Date Entered	Date Released

26. List all stations of assignment including active, reserve and/or National Guard **(Attach additional pages if needed.)**

Branch	Unit (Company or Ship)	Location	From (MM/YY)	TO (MM/YY)

27. What was the date and location of your last discharge from active duty? _____

28. Have you ever received any of the following types of discharge:

Uncharacterized (includes entry level separations)	☐Yes	☐No
Honorable	☐Yes	☐No
General (under honorable conditions)	☐Yes	☐No
Under other than honorable conditions (includes undesirable)	☐Yes	☐No
Bad Conduct discharge	☐Yes	☐No
Dishonorable discharge	☐Yes	☐No
Dismissal	☐Yes	☐No

29. Were you **ever** court martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captains mast, company punishment, article 15, written reprimand, and/or <u>any other disciplinary action</u> while a member of the military, Nation Guard or reserve unit? ☐Yes ☐No

If YES, explain what occurred and what type of punishment you received:

_____

_____

_____

30. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation, and provide your expected date of separation:

_____

_____

USE OF ALCOHOL

NOTE: In question #31 the word "drink" means one time or more, including experimentation.

31. Do you drink alcoholic beverages? ☐ Yes ☐ No

PRIOR CRIMINAL CONDUCT

Answer all of the following questions completely and accurately. Any falsification or misstatement of facts may be sufficient to disqualify you from certification.

NOTE: The word "USED" in the following questions includes even one time use or experimentation. Applicants for the position of Justice Officer must disclose all prior criminal conduct.

32. Have you ever used any illegal drugs including but not limited to marijuana, synthetic or designer drugs, steroids, opiates, pills, heroin, cocaine, crack, LSD, etc., to include even one time use or experimentation? ☐ Yes ☐ No
(If YES, specify the circumstances, drugs used, and when the usage last occurred.)

33. Have you ever used prescription drugs other than under the supervision or as prescribed by a physician to include even one time use or experimentation? ☐ Yes ☐ No (If YES, specify what drug(s), how and from whom you received the drug(s), and when the usage last occurred).

34. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription. ☐ Yes ☐ No (If YES, please identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery or sale.)

35. Have you ever had a Domestic Violence Protective Order or Civil No Contact Order issued against you? (Include both ex-parte domestic violence protective orders and those entered subsequent a hearing.) ☐ Yes ☐ No
(If YES, complete the following and provide documentation of the initial allegations and the judge's findings at the hearing where both parties were present.)

Date of Issuance _____ County of Issuance _____

Name of Plaintiff: _____

Date of Expiration: _____

NOTE: If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "YES." You must list any and all criminal charges regardless of the date of the offense and disposition. Juvenile charges or arrests should also be listed. Include all offenses other than minor traffic infractions. The following are NOT minor traffic offenses and must be listed below: DWI, DUI (alcohol and drugs), Failure to Stop in the Event of an Accident (hit and run) and Driving While License Permanently Revoked or Permanently Suspended (DWLR). Attached to this form is an additional list of North Carolina traffic offenses which should also be listed.

You must also include any and all charges and convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4, 15A-145.5, 15A-145.6, 15A-145.8A, 15A-146, or charges expunged or sealed pursuant to similar out of state laws.

36. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?
(As used in this question, the term "charged" includes being issued a citation or criminal summons.)

☐ Yes ☐ No

A. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE OF CHARGE: _____
DATE OF DISPOSITION: _____
DISPOSITION: _____
Documentation of this charge must be included. Additionally a statement by the applicant must be included explaining the circumstances

B. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE OF CHARGE: _____
DATE OF DISPOSITION: _____
DISPOSITION: _____
Documentation of this charge must be included. Additionally a statement by the applicant must be included explaining the circumstances

C. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE OF CHARGE: _____
DATE OF DISPOSITION: _____
DISPOSITION: _____
Documentation of this charge must be included. Additionally a statement by the applicant must be included explaining the circumstances

D. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE OF CHARGE: _____
DATE OF DISPOSITION: _____
DISPOSITION: _____
Documentation of this charge must be included. Additionally a statement by the applicant must be included explaining the circumstances

ATTACH EXTRA SHEETS IF YOU ARE LISTING MORE THAN FOUR (4) CHARGES.
CHECK HERE ☐ IF ADDITIONAL SHEETS ARE ATTACHED.

PLEASE READ CAREFULLY

Please Note: In response to question #36, any and all criminal charges MUST be listed, to include both FELONY and MISDEMEANOR Offenses. Per 12 NCAC 10B .0204 (c)1 certification may be denied, suspended or revoked if the Commission finds that the applicant has "knowingly made a material misrepresentation" during the application process. Any criminal charges omitted by the applicant, regardless of previous expunction, represent a MATERIAL MISREPRESENTATION.

37. Have you ever been placed on court-ordered probation? ☐ Yes ☐ No If yes, provide details below

Legal Firearm Possession

38. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

(A) are currently under indictment for information in any court for a crime punishable by imprisonment for a term exceeding one year

(B) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside or the person has had their civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.

(C) are a fugitive from justice.

(D) are an unlawful user of, or addicted to marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.

(E) have ever been adjudicated mentally defective or have been involuntarily committed to a mental institution.

(F) have been discharged from the armed forces under dishonorable conditions.

(G) are illegally in the United States.

(H) have renounced your citizenship, having previously been a citizen of the United States.

Do any of these circumstances apply to you? ☐ Yes ☐ No If yes, provided details below

39.Do you, or have you ever, possess(ed) a driver's license from the State of North Carolina? ☐ Yes ☐ No

License Number _____ Year Issued _____

40. Do you, or have you ever, possess(ed) a driver's license issued in any state other than North Carolina?

☐ Yes ☐ No If YES, provide the State and number: State _____ License Number _____

State _____ License Number _____ State _____ License Number _____

41. Was your license ever suspended or revoked? ☐ Yes ☐ No If YES, give details:

If Yes, was your licence ever restored? ☐ Yes ☐ No Please provide details below explaining either the restoration or the reason why your license was not restored

Career Objectives

42. Briefly explain your reason for applying for this position

43. List any special skills, training, field of work for which you are licensed, registered or certified, hobbies which may be useful in the performance of the duties of the position which you are applying for.

44. What are your feelings about the use of deadly force if it became necessary in the performance of your official duties? (Not applicable to Telecommunicator Positions)

REFERENCES

45. Give the names of five responsible persons, **other than relatives or past employers**, who could provide information about your character, ability, experience, personality, and other qualities.

Name _____
Address _____
Contact Number & Email _____

Name _____
Address _____
Contact Number & Email _____

Name _____
Address _____
Contact Number & Email _____

Name _____
Address _____
Contact Number & Email _____

Name _____
Address _____
Contact Number & Email _____

STATE OF NORTH CAROLINA

COUNTY OF _____

I hereby certify that **each and every statement made on this form is true and complete** and understand that any misstatements or omission of information may subject me to disqualification or dismissal. I also acknowledge that **I have a continuing duty to update all information contained in this document.** I will report to the employing agency and forward to the Sheriffs' Education and Training Standards Commission any additional information which occurs after the signing of this document.

THIS THE _____ DAY OF _____, 20____

_____

(SIGNATURE IN FULL)

I do further certify that I have listed any and **ALL Criminal Offenses** which I have been charged with, including those charges which may have been **expunged or dismissed**. I have included criminal charges from **ALL jurisdictions** and States that I have lived in and/or traveled through.

THIS THE _____ DAY OF_____, 20____

_____

(SIGNATURE IN FULL)

******Applicant MUST sign both attestations above******

SUBSCRIBED AND SWORN TO BEFORE ME,

THIS THE _____ DAY OF _____, 20_____

_____

(SIGNATURE IN FULL)

Notary Public (Official Seal)

MY COMMISSION EXPIRES: _____ *,20* _____

EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR

20-28	Driving while license permanently revoked (20-28(b)[(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3rd offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(e)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(c))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(e))	10/1/94-Present	1
20-136.2	Air bag installation	01/01/06-Present	1
20-137.2	Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))	10/1/94-Present	1
20-138.1	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	M
20-138.2	Impaired driving in commercial vehicle (20-138.2(e))	10/1/94-Present	M
20-141(j)	At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]	10/1/94-12/1/97	1
20-141.3(a) & (c)	Unlawful racing on streets and highways	11/12/96-Present	1
20-141.5(a)	Speeding to elude arrest	11/17/99-Present	1
20-157(h)	Duty to Move Over	01/01/06-Present	1
20-166(b)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c1)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-183.8(b1)	Inspection violation by Inspector	3/1/11-Present	3
20-279.31(b)(1)	Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)	01/01/06-Present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	01/01/06-Present	1
20-279.31(b)(3)	Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority)	01/01/06-Present	1
20-313.1	Making false certification or giving false information	01/01/06-Present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-Present	1

*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A misdemeanor and should also be listed in response to number 44.